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Application or Docket Number:

Substitute for Form PTO-875

09/909344

(Column 1)	(Column 2)
1	2
3	4
5	6
7	8
9	10
11	12
13	14
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77	78
79	80
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83	84
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89	90
91	92
93	94
95	96
97	98
99	100

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.10(a))		
TOTAL CLAIMS (37 CFR 1.10(c))	minus 20 *	*
INDEPENDENT CLAIMS (37 CFR 1.10(b))	minus 3 *	*
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY	
RATE	FEE
	\$ _____
X \$ _____	
X \$ _____	
4 \$ _____	
TOTAL	

OR

OTHER THAN
SMALL ENTITY

RATE	FEE
	\$..
X \$ _____	
X \$ _____	
X \$ _____	
TOTAL	

CLAIMS AS AMENDED - PART II

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.56(e))	36	Minus	36
	Independent (37 CFR 1.56(b))	3	Minus	3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.56(d))				

SMALL ENTITY

DATE	ADDITIONAL FEE
X 1 _____ €	
X 1 _____ €	
X 1 _____ €	
TOTAL ADDITIONAL FEE	

618

OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE
X \$ _____	
X \$ _____	
+ \$ _____	
TOTAL ADDED FEE	

AMENDMENT B	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total: (3) CFR 140.1	"	Minus	"		"
Independent: (3) CFR 140.1	"	Minus	"		"
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CFR 140.1					

RATE	ADDITIONAL FEE
1 \$ _____ =	
2 \$ _____ =	
3 \$ _____ =	
TOTAL ADDITIONAL FEE	

OK

RATE	ADDITIONAL FEE
1 \$	
2 \$	
3 \$	
TOTAL	ADDITIONAL FEE

AMENDMENT C	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
1st	"	minus	"	"	"
Independent (37 CFR 1.56(d))	"	minus	"	"	"
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.56(d))					

RATE	ADDITIONAL FEE
A \$ _____ =	
K \$ _____ =	
4 \$ _____ =	
TOTAL ADDITIONAL FEE	

Fig.

RATE	ADDITIONAL FEE
1 \$ _____	
2 \$ _____	
3 \$ _____	
TOTAL ADDITIONAL FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

* If the postage number previously paid for in this space is less than 20, enter "20"

*** The Highest Number Previously Paid For US HHS SPACE is less than 3, enter "X"

The "Highest Number of Provisions Paid For" (Total or Independently) is the highest number found in the appropriate box in column 1.

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